

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1935	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2017
NAME OF PROVIDER OR SUPPLIER THE MEADOWS		STREET ADDRESS, CITY, STATE, ZIP CODE 8044 COLEY DAVIS ROAD NASHVILLE, TN 37221		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall physical plant.</p> <p>The findings included:</p> <p>1. Observation on 05/30/2017 at 11:28 AM, revealed a 3 hour cross corridor wall (next to RM A2) penetration above the drop ceiling (3 data line cable bundles with mixed fire caulk. NFPA 101, 8.3.5 (2012 Edition)</p> <p>2. Observation on 05/30/2017 at 12:36 PM, revealed 1 of 2 cross corridor smoke doors (by A7) did not close within the frame. NFPA 101, 8.3.3.1 (2012 Edition), NFPA 80 6.1.4.2 (2010 Edition)</p> <p>3. Observation on 05/30/2017 at 12:45 PM, revealed panic hardware on a 3 hour fire rated cross corridor (by room A1). NFPA 101, 8.3.3.1 (2012 Edition), NFPA 80, 8.4.3 (2010 Edition)</p> <p>The maintenance director was present when the deficiencies were identified and was later acknowledged by the administrator during the exit conference on 05/30/2017.</p>	N 831	<p>RECEIVED</p> <p>JUN - 2 2017</p> <p>Health Care Facilities</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE